

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	M.J.	45	11/19
FORMALITY REVIEW	M.S.W.		28/Feb/00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1			
2			
3			
4			
5		N	
6	✓		
7			
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10			
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12			
13	✓	✓	
14		N	
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33	N		
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47			
48			
49			
50		✓✓	

Claim	Final	Original	Date
51	✓	0	
52	✓		
53	1		
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57	0		
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61			
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65	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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